

**QUALITY ASSURANCE REVIEW FORM**  
**For Contract Work Assignments**

**I. GENERAL INFORMATION**

Contractor Name: The Cadmus Group Contract Number: EP-C-15-012

Work Assignment (WA) Number: 2-94 Title: Organizing Dewey-Burdock's Public Comments

II. This WA requires direct environmental measurements (*Check one: if "yes" fill out section VIII*):

YES ( ) NO (x)

III. This WA requires use of secondary environmental data (*Check one: if "yes" fill out section VIII*):

YES ( ) NO (x)

IV. This WA requires collection of survey, compliance and/or enforcement data (*Check one: if "yes" fill out section VIII*):

YES ( ) NO (x)

V. This WA requires the development and/or use of a database/model (*Check one: if "yes" fill out section VIII*):

YES ( ) NO (x)

VI. This WA requires development of software (*Check one: if "yes" fill out section VIII*):

YES ( ) NO (x)

VII. This WA requires response to comments (*Check one: if "yes" fill out section VIII*):

YES ( ) NO (x)

VIII. Quality Assurance (QA) Requirements for WA projects checked "YES" in sections II thru VIII:

**Check "YES" to only one item in this section.**

(a) A complete written Project Specific Quality Assurance Project Plan (PQAPP) is required as a part of this WA, i.e. none of the QA requirements for this WA are addressed in the Contract Level Quality Assurance Project Plan (QAPP), or there is no Contract QAPP. Approval of the PQAPP is required prior to commencing work on Task(s) \_\_\_\_\_ of this WA..

YES ( )

(b) QA requirements for this WA will be addressed by the combination of the Contract QAPP and a Supplemental Project Specific QAPP (SQAPP) specific to the WA under Task(s) \_\_\_\_\_. Task-specific QA elements are required to be addressed in the Work Plan and approval of QA elements are required prior to commencing work on Task(s) of this WA.

YES ( )

(c) This WA is a continuation of WA \_\_\_\_\_. Collection, use and analysis of data under Task(s) \_\_\_\_\_ of this WA will be identical to the procedures described in the Contract QAPP, and/or the PQAPP or SQAPP completed under WA \_\_\_\_\_ of this contract.

YES ( )

**(If YES, In addition to signing section IX, section X must also be signed by WACOR, QAC and CLCOR to verify that the referenced PQAPP or SQAPP completed under the previous WA is applicable to the tasks to be performed under this WA.)**

(d) This WA is a continuation of WA \_\_\_\_\_. Collection, use and analysis of data under Task(s) \_\_\_\_\_ of this WA will not be identical to the procedures described in the Contract QAPP, and/ or the PQAPP or SQAPP completed under WA \_\_\_\_\_ of this contract. The QAPP for this WA will be amended or revised to address the applicable Task-specific QA elements. Approval of the amended or revised QAPP is required prior to commencing work on Task(s) \_\_\_\_\_ of this WA..

YES ( )

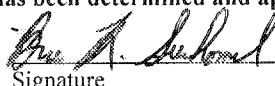
(e) QA requirements for this WA are fully addressed in the Contract QAPP. A PQAPP or SQAPP is not required.

YES (x)

**IX The signatures below verify that the requirement for a QAPP has been determined and approved by the following:**

Bruce Suchomel

Work Assignment Contracting Officer Rep. (WACOR) Printed Name



Signature

6/28/17  
Date

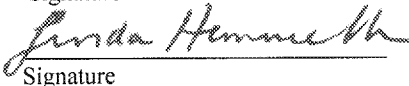
\_\_\_\_\_  
Quality Assurance Coordinator (QAC) Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Linda Himmelbauer

Quality Assurance Officer (QAO) Printed Name



Signature

6/28/2017  
Date

Noelle Mills

Contract Level Contracting Officer Rep. (CLCOR) Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**X. If a QAPP, SQAPP, or PQAPP is required, the signatures below verify that the QA documentation has been submitted and approved.**

\_\_\_\_\_  
Work Assignment Contracting Officer Rep. (WACOR) Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Quality Assurance Coordinator (QAC) Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CLCOR signature acknowledging receipt of QA documentation, approved by the WACOR and QAC.**

\_\_\_\_\_  
Contract Level Contracting Officer Rep. (CLCOR) Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date  
QARF 12/30/2015

**QUALITY ASSURANCE VERIFICATION FORM**  
For Use of OGWDW Contract Vehicle by Non OGWDW Organizations.

By signing this form, the QA official in authority acknowledges that he/she and the organization developing the Work Assignment (WA) /Task Order (TO) under this contract are fully responsible for establishing, and approving QA requirements, and assuring that the contractor follows established QA procedures and the delivers products that adhere to Agency QA requirements.

Name of organization developing the Work Assignment/Task Order (Office, Division and Branch)

USEPA Region 8, Office of Water Protection, Safe Drinking Water Program,  
Underground Injection Control Unit

Contractor Name: The Cadmus Group Contract Number: EP-C-15-022

WA /TO Number: 2-94

WA /TO Title: Organizing Dewey-Burdock's Public Comments

The signature below verifies that

Mark with X  
as appropriate

- 1) A Quality Assurance project Plan (QAPP) is not required for this project. ☒
- 2) A QAPP is required for this project, and the QA documentation has been approved and submitted to the CLCOR ☐

Linda Himmelbauer  
Person authorized and responsible for  
QA approval of the project (Printed name)

Region 8 Quality Assurance Director  
Official QA Title

Linda Himmelbauer  
Signature

6/28/2017  
Date

QAVF 04 2015